

Student Log of Skilled Nursing Procedures

Student: _____
Last
First
DOB: _____

Medicaid Number: _____ School: _____

Teacher: _____ Physician: _____ Phone: _____

RN: _____
Name
Signature
Initials

LPN: _____
Name
Signature
Initials

Date	Time of Day	Amt. of Time	Procedure	Comments (Must be completed)	Init.

Key for Documentation by Exemption:

N = Normal

V = Variance from normal or standard

Each unit = 15 minutes. Units more than the assigned must be explained.